In re <b>Denise</b>	e Mardene Subramaniam	
·	Debtor(s)	According to the information required to be entered on this statement
Case Number:	11-38010-tmb7	(check one box as directed in Part I, III, or VI of this statement):
	(If known)	☐ The presumption arises.
		■ The presumption does not arise.
		☐ The presumption is temporarily inapplicable.

## CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS
1A	<b>Disabled Veterans.</b> If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.
1C	□ <b>Declaration of Reservists and National Guard Members.</b> By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a. □ I was called to active duty after September 11, 2001, for a period of at least 90 days and □ I remain on active duty /or/ □ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;
	OR
	<ul> <li>b. ☐ I am performing homeland defense activity for a period of at least 90 days /or/</li> <li>☐ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.</li> </ul>

		Part II. CALCULATION OF M	ON	THLY INCO	ME FOR § 707(	o)(7) ]	EXCLUSION	
	Mari	ital/filing status. Check the box that applies a						
a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.								
	b. $\square$ Married, not filing jointly, with declaration of separate households. By checking this box, debtor declaration of separate households.						or declares under	penalty of periury
		"My spouse and I are legally separated under						
2		purpose of evading the requirements of § 707(						
		for Lines 3-11.				·		
	c.  Married, not filing jointly, without the declaration of separate households set out in Line 2.1 ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.						ove. Complete b	oth Column A
		Married, filing jointly. Complete both Colu					ouse's Income")	for Lines 3-11.
		gures must reflect average monthly income re					Column A	Column B
		dar months prior to filing the bankruptcy case ling. If the amount of monthly income varied					Debtor's	Spouse's
		nonth total by six, and enter the result on the a			you must divide the		Income	Income
3	1	s wages, salary, tips, bonuses, overtime, con				\$	0.00	\$
		me from the operation of a business, profess			Lina h from Lina a s		0.00	Ψ
		the difference in the appropriate column(s) of				114		
	busin	ness, profession or farm, enter aggregate numb	ers a	and provide details	on an attachment. D			
		nter a number less than zero. <b>Do not include</b>	any	part of the busine	ess expenses entered	on		
4	Line	b as a deduction in Part V.		Debtor	Spouse	_		
	a.	Gross receipts	\$	0.00				
	b.	Ordinary and necessary business expenses	\$	0.00				
	c.	Business income		otract Line b from		\$	0.00	\$
	Rent	s and other real property income. Subtract 1	Line	b from Line a and	enter the difference	in		
		ppropriate column(s) of Line 5. Do not enter						
	part	of the operating expenses entered on Line b	as a	a deduction in Par				
5				Debtor	Spouse			
	a.	Gross receipts	\$	720.00 0.00				
	b. c.	Ordinary and necessary operating expenses Rent and other real property income	\$	btract Line b from	'		720.00	¢
6	1	rest, dividends, and royalties.	Su	btract Line o from	Line a	\$	0.00	
	1	ion and retirement income.						
,					41 1 1.1	\$	0.00	\$
		amounts paid by another person or entity, on the debtor or the debtor's dependent						
8		ose. Do not include alimony or separate maint						
		se if Column B is completed. Each regular page				ın;		
		ayment is listed in Column A, do not report th		-		\$	0.00	\$
		<b>mployment compensation.</b> Enter the amount i						
		ever, if you contend that unemployment comp						
9	benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:					A		
		mployment compensation claimed to						
		benefit under the Social Security Act  Debtor	r \$	<b>0.00</b> Spo	ouse \$	\$	0.00	\$
	Inco	me from all other sources. Specify source and	d am	ount. If necessary	, list additional source	es		
	on a	separate page. Do not include alimony or sep	ara	te maintenance pa	yments paid by you			
	spouse if Column B is completed, but include all other payments of alimony or separate							
		<b>tenance.</b> Do not include any benefits received as a victim of a war crime, crime against h						
10	received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.							
	Debtor Spouse							
	a.		\$		\$			
	b.		\$		\$			
	Total and enter on Line 10					\$	0.00	\$
11		otal of Current Monthly Income for § 707(b						
		mn B is completed, add Lines 3 through 10 in	$C_{0}$	umn B Enter the t	total(c)	\$	720.00	I &

	i e						
12	Total Current Monthly Income for § 707(b)(7). If Column B has been concluded to Line 11, Column B, and enter the total. If Column B has not the amount from Line 11, Column A.	1		720.00			
	Part III. APPLICATION OF § 707(	b)(7) EXCLUSION					
13	<b>Annualized Current Monthly Income for § 707(b)(7).</b> Multiply the amo enter the result.	unt from Line 12 by the number 12 and	\$	8,640.00			
14	<b>Applicable median family income.</b> Enter the median family income for the (This information is available by family size at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from						
	a. Enter debtor's state of residence: OR b. Enter debto	r's household size:	\\$	44,707.00			
	Application of Section 707(b)(7). Check the applicable box and proceed a	s directed.					
15	■ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.						
	☐ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.						

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)					
	Part IV. CALCULATION (	OF CURREN	T MONTHLY INCO	ME FOR § 707(b)(2	2)
16	Enter the amount from Line 12.				\$
Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.  [a]					
	b.		\$		
	c. d.		\$  \$		
	Total and enter on Line 17		ĮΨ		\$
18	Current monthly income for § 707(b)(2). Su	btract Line 17 fr	om Line 16 and enter the res	ult.	\$
	Part V. CALCUL	ATION OF D	EDUCTIONS FROM	INCOME	
	Subpart A: Deductions u	ınder Standaro	ds of the Internal Reven	ue Service (IRS)	
National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.					\$
National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.					
	Persons under 65 years of age		Persons 65 years of age	or older	
	a1. Allowance per person b1. Number of persons	a2. b2.	Allowance per person  Number of persons		
	c1. Subtotal	c2.	Subtotal		\$
Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.					\$

20B	Local Standards: housing and utilities; mortgage/rent expense. En Housing and Utilities Standards; mortgage/rent expense for your coun available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy of the number that would currently be allowed as exemptions on your fed any additional dependents whom you support); enter on Line b the tot debts secured by your home, as stated in Line 42; subtract Line b from not enter an amount less than zero.  a. IRS Housing and Utilities Standards; mortgage/rental expense b. Average Monthly Payment for any debts secured by your					
	home, if any, as stated in Line 42 c. Net mortgage/rental expense	\$ Subtract Line b from Line a.	\$			
21	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:					
22A	Local Standards: transportation; vehicle operation/public transportation expense.  You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.  Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8.  \[ \begin{array}{c} 0 & \lefta 1 & \lefta 2 \text{ or more.} \]  If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
22B	Base Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)					
23	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)  □ 1 □ 2 or more.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero.  a. IRS Transportation Standards, Ownership Costs  Average Monthly Payment for any debts secured by Vehicle  b. 1, as stated in Line 42  c. Net ownership/lease expense for Vehicle 1  Subtract Line b from Line a.					
24	Local Standards: transportation ownership/lease expense; Vehicle the "2 or more" Box in Line 23.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy of Monthly Payments for any debts secured by Vehicle 2, as stated in Line result in Line 24. Do not enter an amount less than zero.  a. IRS Transportation Standards, Ownership Costs  Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42  c. Net ownership/lease expense for Vehicle 2	\$				
25	c. Net ownership/lease expense for Vehicle 2 Subtract Line b from Line a.  Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.					

Do not include discretionary amounts, such as voluntary 401(k) contributions.  Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actual life insurance for yourself. Do not include premiums for insurance on your dependents, for who	d uniform costs.
life insurance for yourself. <b>Do not include premiums for insurance on your dependents, for wh</b>	\$
inc insurance for yourself. Do not include premiums for insurance on your dependences; for whi	
any other form of insurance.	ole life or for \$
Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you as	
pay pursuant to the order of a court or administrative agency, such as spousal or child support payments.	
include payments on past due obligations included in Line 44.	\$
Other Necessary Expenses: education for employment or for a physically or mentally challenged the total average monthly amount that you actually expend for education that is a condition of empleducation that is required for a physically or mentally challenged dependent child for whom no pub providing similar services is available.	loyment and for
Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational	expend on
Other Necessary Expenses: health care. Enter the total average monthly amount that you actually health care that is required for the health and welfare of yourself or your dependents, that is not rein	
insurance or paid by a health savings account, and that is in excess of the amount entered in Line 1	9B. <b>Do not</b>
include payments for health insurance or health savings accounts listed in Line 34.	\$
Other Necessary Expenses: telecommunication services. Enter the total average monthly amoun actually pay for telecommunication services other than your basic home telephone and cell phone s	
pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for	
welfare or that of your dependents. Do not include any amount previously deducted.	\$
Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.	\$
Subpart B: Additional Living Expense Deductions	
Note: Do not include any expenses that you have listed in Line	es 19-32
<b>Health Insurance, Disability Insurance, and Health Savings Account Expenses.</b> List the month the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or dependents.	
a. Health Insurance \$	
b. Disability Insurance \$	
c. Health Savings Account \$	\$
Total and enter on Line 34.	
If you do not actually expend this total amount, state your actual total average monthly expendite below:  \$	ures in the space
Continued contributions to the care of household or family members. Enter the total average ac	
expenses that you will continue to pay for the reasonable and necessary care and support of an elde ill, or disabled member of your household or member of your immediate family who is unable to pay expenses.	ay for such \$
expenses that you will continue to pay for the reasonable and necessary care and support of an elde ill, or disabled member of your household or member of your immediate family who is unable to pay expenses.	\$
expenses that you will continue to pay for the reasonable and necessary care and support of an elde ill, or disabled member of your household or member of your immediate family who is unable to pay expenses.  Protection against family violence. Enter the total average reasonably necessary monthly expense actually incurred to maintain the safety of your family under the Family Violence Prevention and S	\$ s that you services Act or
expenses that you will continue to pay for the reasonable and necessary care and support of an elde ill, or disabled member of your household or member of your immediate family who is unable to pay expenses.  Protection against family violence. Enter the total average reasonably necessary monthly expenses.	\$ s that you services Act or
expenses that you will continue to pay for the reasonable and necessary care and support of an elde ill, or disabled member of your household or member of your immediate family who is unable to pay expenses.  Protection against family violence. Enter the total average reasonably necessary monthly expenses actually incurred to maintain the safety of your family under the Family Violence Prevention and S other applicable federal law. The nature of these expenses is required to be kept confidential by the Standards for Housing and Utilities, that you actually expend for home energy costs. You must prevented the trustee with documentation of your actual expenses, and you must demonstrate that the additional standards for Housing and Utilities is that you actually expend for home energy costs.	\$ s that you services Act or court. \$ by IRS Local covide your case ional amount
expenses that you will continue to pay for the reasonable and necessary care and support of an elde ill, or disabled member of your household or member of your immediate family who is unable to pay expenses.  Protection against family violence. Enter the total average reasonably necessary monthly expense actually incurred to maintain the safety of your family under the Family Violence Prevention and S other applicable federal law. The nature of these expenses is required to be kept confidential by the  Home energy costs. Enter the total average monthly amount, in excess of the allowance specified Standards for Housing and Utilities, that you actually expend for home energy costs. You must propose with documentation of your actual expenses, and you must demonstrate that the additional claimed is reasonable and necessary.	\$ s that you services Act or court. \$ by IRS Local covide your case ional amount \$
expenses that you will continue to pay for the reasonable and necessary care and support of an elde ill, or disabled member of your household or member of your immediate family who is unable to pay expenses.  Protection against family violence. Enter the total average reasonably necessary monthly expense actually incurred to maintain the safety of your family under the Family Violence Prevention and S other applicable federal law. The nature of these expenses is required to be kept confidential by the  Home energy costs. Enter the total average monthly amount, in excess of the allowance specified Standards for Housing and Utilities, that you actually expend for home energy costs. You must prevented is reasonable and necessary.  Education expenses for dependent children less than 18. Enter the total average monthly expense actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or	\$ s that you services Act or court. \$ by IRS Local covide your case ional amount \$ sees that you secondary
expenses that you will continue to pay for the reasonable and necessary care and support of an elde ill, or disabled member of your household or member of your immediate family who is unable to pay expenses.  Protection against family violence. Enter the total average reasonably necessary monthly expense actually incurred to maintain the safety of your family under the Family Violence Prevention and S other applicable federal law. The nature of these expenses is required to be kept confidential by the  Home energy costs. Enter the total average monthly amount, in excess of the allowance specified Standards for Housing and Utilities, that you actually expend for home energy costs. You must pretrustee with documentation of your actual expenses, and you must demonstrate that the additical claimed is reasonable and necessary.  Education expenses for dependent children less than 18. Enter the total average monthly expenses.	\$ st that you services Act or court. \$ by IRS Local covide your case ional amount \$ sees that you secondary with

 $<sup>^*</sup>$  Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.					\$	
40	Cont	inued charitable contribution cial instruments to a charitable	s. Enter the amount that you will continuorganization as defined in 26 U.S.C. §	nue to 170(c	contribute in the (1)-(2).	e form of cash or	\$
41	Total	Additional Expense Deduction	ons under § 707(b). Enter the total of I	Lines	34 through 40		\$
	Subpart C: Deductions for Debt Payment						
42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, and state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.						
		Name of Creditor	Property Securing the Debt	A	verage Monthly Payment	Does payment include taxes or insurance?	
	a.			\$		□yes □no	
				•	otal: Add Lines		\$
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.    Name of Creditor						\$
44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as						\$
	Chapter 13 administrative expenses. If you are eligible to file a case under Chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.						
45	a. Projected average monthly Chapter 13 plan payment.  b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)						
	c.		ative expense of Chapter 13 case		tal: Multiply Line	es a and b	\$
46	Total	Deductions for Debt Paymer	tt. Enter the total of Lines 42 through 45	5.			\$
			Subpart D: Total Deductions f	rom	Income		
47	Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.					\$	
		Part VI. D	ETERMINATION OF § 707(I	b)(2)	PRESUMP	ΓΙΟΝ	
48	Ente	r the amount from Line 18 (C	urrent monthly income for § 707(b)(2	3))			\$
49	Ente	r the amount from Line 47 (T	otal of all deductions allowed under §	707(	b)(2))		\$
50	Mon	thly disposable income under	§ 707(b)(2). Subtract Line 49 from Line	e 48 a	and enter the resu	ılt.	\$
51	60-m	<u>-</u>	§ 707(b)(2). Multiply the amount in Li	ine 50	) by the number (	60 and enter the	\$

	Initial presumption determination. Check the applicable box and proceed as directed.  ☐ The amount on Line 51 is less than \$7,025*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.						
52	of page 1 of this der of Part VI.						
	☐ The amount on Line 51 is at least \$7,025*, but not more than \$11,725*. Complete the remainder of Part VI (Lines 53 through 55).						
53	Enter the amount of your total non-priority unsecured d	ebt		\$			
54	Threshold debt payment amount. Multiply the amount in	Line 53 by the number 0	.25 and enter the result.	\$			
	Secondary presumption determination. Check the applica	able box and proceed as d	lirected.				
55	☐ The amount on Line 51 is less than the amount on Line of this statement, and complete the verification in Part VIII.		"The presumption does not arise	e" at the top of page 1			
	☐ The amount on Line 51 is equal to or greater than the of page 1 of this statement, and complete the verification in			on arises" at the top			
	Part VII. ADDITIO	NAL EXPENSE C	LAIMS				
56	Other Expenses. List and describe any monthly expenses, a you and your family and that you contend should be an add 707(b)(2)(A)(ii)(I). If necessary, list additional sources on each item. Total the expenses.	itional deduction from yo	our current monthly income unde	er §			
	Expense Description	ď	Monthly Amour	nt			
	a. b.	\$ \$		_			
	c.	\$					
	d.	\$					
	Total: Add Li	ines a, b, c, and d \$	,				
	Part VIII.	VERIFICATION					
	I declare under penalty of perjury that the information provi	ided in this statement is t	rue and correct. (If this is a join	t case, both debtors			
	must sign.)  Date: October 7, 2011 Signature: /s/ Denise Mardene Subramaniam						
57	Date	orginature.	Denise Mardene Subrama (Debtor)				

<sup>\*</sup> Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.